

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/93774 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		3				
6		4				
7		5				
8		5				
9		5				
10		5				
11		4				
12		4				
13	1					
14	1					
15						
16	1					
17	1					
18						
19	1					
20	1					
21	1					
22	1					
23	1					
24	4					
25	1					
26	1					
27	1					
28						
29						
30						
31						
32	3					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39						
40						
41	1					
42	1					
43	1					
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	20					
TOTAL DEP.	49	↓	↓	↓	↓	↓
TOTAL CLAIMS	69					

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35
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*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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